

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 09/889608 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
2	/					
3	/					
4	/					
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49						
50						
TOTAL IND.	8					
TOTAL DER.	37					
TOTAL CLAIMS	35					

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
51				1				
52								
53				1				
54					1			
55				1				
56						1		
57							1	
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97								
98								
99								
100								
TOTAL IND.				13				
TOTAL DER.				46				
TOTAL CLAIMS				59				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY